

## 7/26/2012 Provider Network Advisory Group Meeting Minutes

All handouts referenced in these minutes are in the 7/26/2012 meeting handouts or slides located at [www.ProviderNetwork.Lni.wa.gov](http://www.ProviderNetwork.Lni.wa.gov).

**Participants:** See Appendix.

### Safety Message:

The Olympics are beginning. Just as the top athletes, you and your staff deserve instruction on good ergonomics. Counsel staff just as you would your patients on ways to position work and their objects to promote health and avoid injuries. Periodically throughout the day, perform range of motion exercises and stretching. Use alternate muscle groups, if possible. Stand up to greet visitors. Use your non-dominant hand to operate your mouse. Keep a bottle of water with you all day to assure hydration.

### Meeting Minutes:

The 04/26/2012 meeting's minutes were approved unanimously.

**New Business: There were no action items at this meeting.**

### Credentialing Update

See the slides with this title from Gary Walker.

#### Comments from the Advisory Group:

- Do we expect to get primary care doctors in areas of Washington that are not covered? Are specialists needed too?
- How will injured workers know if they need to change to a new doctor on 1/1/2013?  
Answer: In October L&I will send an initial notification to injured workers and a provider directory will be available on [www.Lni.wa.gov](http://www.Lni.wa.gov) that identifies doctors in the network.

### Provider Network Top Tier Update

See the slides with this title from Diana Drylie.

- Five incentives the focus group and advisory group favored included:
  - Top tier contact person at L&I
  - Care coordination assistance available
  - Recognition for being a top tier provider
  - Less medical management from Claim Managers
  - Financial incentives

#### Comments from the Advisory Group: (In table below)

Proposed Top Tier Criteria	Agree to proceed? Yes/No	Comments from the Advisory Group
Claims <u>≥ 12</u>	Yes	<ul style="list-style-type: none"><li>• Keep 12 as a standard amount</li><li>• Have an exception policy for those who do not meet the requirement<ul style="list-style-type: none"><li>○ Could be three year rolling average</li></ul></li></ul>
In Good Standing	Yes	<ul style="list-style-type: none"><li>• Keep as is</li></ul>

Occupational Health Best Practices	Yes	<ul style="list-style-type: none"> <li>• Reconsider whether to require provider to employer contact.</li> <li>• Communication is important. We need to determine the best ways to be effective and efficient.</li> <li>• Options for communication include – <ul style="list-style-type: none"> <li>○ In secure access, list employers and who to call for light duty.</li> <li>○ Create an electronic message from a doctor to an employer. Move toward communication through technology, because phone tag between busy providers and employers is a huge problem.</li> <li>○ If a provider sends in an ROA and APF, can L&amp;I “ping” the employer to contact the provider?</li> </ul> </li> </ul>
Higher Certification/EMR/Quality Improvement (QI)/Complex Claims	Yes	<ul style="list-style-type: none"> <li>• <u>Make participation in a QI project mandatory.</u> <ul style="list-style-type: none"> <li>○ Applicants must indicate willingness to consider participation in a future pilot.</li> <li>○ L&amp;I to have a list of pilots top tier providers can sign up for.</li> </ul> </li> </ul>
	Yes	<ul style="list-style-type: none"> <li>• <u>EMR:</u> Put under QI</li> </ul>
	Yes	<ul style="list-style-type: none"> <li>• <u>Higher Certification:</u> Need to define options for higher certification for all residency and certificate programs, consultant program. MD/DO/DPM all must be board certified. Others must have higher certification.</li> </ul>
	Yes	<ul style="list-style-type: none"> <li>• <u>Complex claims</u> <ul style="list-style-type: none"> <li>○ 5-7% on a caseload is fine for some, though it is hard to increase the percent of complex claims in your practice unless you specialize in them and see fewer patients (giving them all more of your time.)</li> <li>○ On the top tier application, applicants should indicate they are willing to accept complex claims.</li> <li>○ Top Tier providers should be willing to do a one-time consult and make recommendations on complex claims, but not be required to take them on as patients.</li> <li>○ L&amp;I needs to send a summary with the claim to be reviewed.</li> <li>○ Doctors are concerned about old claims’ attributes being reflected on their record or scorecard, when they have not been the AP</li> </ul> </li> </ul>

<b>Core Competencies</b>	Not yet	<ul style="list-style-type: none"> <li>• <u>Care Coordination</u> <ul style="list-style-type: none"> <li>○ Having to hire a care coordinator will be costly for a practice.</li> <li>○ Using an EMR is a form of care coordination.</li> <li>○ L&amp;I should prepare a checklist of all of the care coordination functions</li> <li>○ Includes communication and collaboration</li> </ul> </li> </ul>
	----- Yes	----- • <u>Workers' Compensation</u>
	----- Yes	----- • <u>Best practices in pain management</u> <ul style="list-style-type: none"> <li>○ Top tier doctors should follow best practices in pain management, includes opioid management.</li> </ul>
<b>Using claim data/Outcomes</b>	No	Off of the table now.

### Rule Discussion:

Leah Hole-Cure shared draft amendments to existing L&I rules to clarify the effect of the medical provider network (MPN) and/or ensure no conflict between the MPN rules and L&I's current rules. A review of all medical related rules was conducted, the principle of updating only WACs that conflict or need clarifying references to MPN was adopted.

### Comments from the Advisory Group:

<b>Rule section</b>	<b>Comments:</b>
296-20-01001 p 2	Add bullets Clarify action of director (establish network) after considerations
296-20-02705 p 8	<p>Intention is to mirror statute and MPN rule, and add reference back to the MPN rule so doctors are aware of the new MPN requirements related to guidelines.</p> <p>National treatment guideline: statute addresses both department evidence-based coverage decisions and treatment guidelines and policies and national treatment guidelines uses "must be expected to follow"</p> <p>Agree with "may" rather than must but understand it may conflict with statute. Unclear what adding "rigorously developed evidence based" will contribute.</p> <p>Agree to keep simple – this rule refers to department guidelines, should address that issue.</p> <p>Leah will confer with the counsel on language intended to further clarify statute.</p>
296-20-03015 p.9	No comments in meeting. Upon revision, several providers raised concerns about amending this provision with network tie in, because it is outdated and will be substantially revised in a few months when new opioid rules are published.

296-15-310 p 11	Unclear why self insured provisions included. All self insured WACs should be together for better usability. Disagree that multiple provisions need to address MPN and this WAC has other updates that aren't relevant to MPN.
296-20-330 p 12	This provision provides some additional specification that may be useful. SI representative will circulate to community and provide further feedback.

### **MPN Self Insurance**

See the slides with this title from Natalee Fillinger and Dave Overby.

To implement the MPN, the Physicians' Initial Report and SIF-2 will be changed, just as the State Fund's Report of Accident has been. This will assure injured workers are treated by network doctors after the first visit, if needed.

A self insurance workgroup is working with the WA Self Insurers Association (WSIA) to change the forms, instruct self insurers on how to use the new Provider Directory, etc. They may also develop an eye catching poster for injured workers to be posted in all workplaces that explains the Medical Provider Network and other changes that begin on 1/1/2013.

#### Comments from the Advisory Group:

- Push MPN information out into the community by using:
  - FAQs,
  - PPT slide presentations sent to the COHE's who will share them with the self insurers
  - Periodic Excel status reports on the Provider Directory: Highlight the changes since the last update to identify them at a glance.

### **APPENDIX: Attendance**

#### **Participants:**

- On the phone: Susan Scanlon, DPM
- In person were:

<b>Members</b>	<b>L&amp;I</b>	<b>Public</b>
Dianna Chamblin, MD, Chair	Micki Barnes	Tiffany Gutierrez, Olympic Sports and Spine Rehab
Clay Bartness, DC	Susan Campbell	Ryan Guppy, UBC, Inc.
Mike Dowling, DC, alternate	Diana Drylie	Cheryl French Nevin, Olympic Sports and Spine Rehab
Rebecca Forrester	Natalee Fillinger	Mike Rivers, FHS
Andrew Friedman, MD	Gary Franklin, MD, MPH	Dean Robinson, Audigy Care
Kirk Harmon, MD, alternate	Carole Horrell	Clyde Wilson, U.S. Healthworks

Rebecca Johnson	Leah Hole-Curry, JD	
Janet Ploss, MD	Vickie Kennedy	
Teri Rideout, JD	Geoff Kohles	
Robert Waring, MD	Jami Lifka	
Ron Wilcox, DC	Joanne McDaniel	
	Dave Overby	
	Hal Stockbridge, MD, MPH	
	Gary Walker	